

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055154

FILED
Apr 19, 2005
Secretary of State

Entity Name: ANDERSON HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

777 E 25TH ST
STE 316
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

777 E 25TH ST
STE 316
HIALEAH, FL 33013 US

New Mailing Address:

FEI Number: 65-0686735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L M
C/O ATKINSON, DINER, STONE & MANKUTA
1946 TYLER STREET
HOLLYWOOD, FL 330222088 US

Name and Address of New Registered Agent:

PLOUCHA, L M
C/O ATKINSON, DINER, STONE & MANKUTA
100 SE 3RD AVE
FT. LAUDERDALE, FL 33394 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY PLOUCHA

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, O D
Address: 230 HUNTING LODGE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: ANDERSON, NAOMI H
Address: 230 HUNTING LODGE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: ANDERSON, DAVID P
Address: 230 HUNTING LODGE DRIVE
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: ANDERSON, WAYNE O
Address: 8310 MENTEITH TERR
City-St-Zip: MIAMI, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, WAYNE O
Address: 8310 MENTEITH TERR
City-St-Zip: MIAMI, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P ANDERSON

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date